

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	2					
12						
13						
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21	2					
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27	2					
28	1					
29	2					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	28					
TOTAL CLAIMS	34					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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